Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Extended to November 16, 2020 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2019 calendar year, or tax year beginning and	ending	_	
В	Check if applicat	le: C Name of organization		D Employer identific	cation number
	Addr	COUNCIL ON AGING OF GREATER NASHVILLE			
	Nam Chan			62-186712	22
	Initia returi		Room/suite	E Telephone number	
	Final		250	615-353-4	
	termi ated			G Gross receipts \$	502,929.
	Amer	NASHVILLE, IN 37203		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer. RECHARD GENTZIER		for subordinates	? Yes 🔀 No
	-	95 WHITE BRIDGE ROAD, SUITE 250, NASHVI		H(b) Are all subordinates in	
		xempt status: X 501(c)(3) 5 01(c) () 4947(a)(1) ()	or 527	1	list. (see instructions)
-		ite: • www.councilonaging-midtn.org		H(c) Group exemption	
	Form c art l	f organization: Corporation Trust X Association Other ► Summary	L Year	of formation: 2001	State of legal domicile: TN
	1	Briefly describe the organization's mission or most significant activities: TO PI	DOVIDE	TNEODMATTON	I TO THE
e	1	GENERAL PUBLIC REGARDING RESOURCES AVAILA			
Activities & Governance	2	Check this box	_		ete
/err	3			3	18
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			18
ನ ಬ	5 5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)			0
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	······	360,880.	430,433.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		356.	1,151.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-278.	11,274.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>	360,958.	442,858.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		172,969.	214,283.
Sec	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Fxnenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	····· –	0.	0.
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252,979.	254,614.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		425,948.	468,897.
	19	Revenue less expenses. Subtract line 18 from line 12		-64,990.	-26,039.
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		185,786.	207,645.
Net Assets or	21	Total liabilities (Part X, line 26)		20,138.	68,036.
		Net assets or fund balances. Subtract line 21 from line 20		165,648.	139,609.
P	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RICHARD GENTZLER, PRESIDENT Type or print name and title	Date					
Paid	Print/Type preparer's name Breward instant Digitally signed by J. MichaeDate J. Michael Sullivan Sullivan Digitally signed by J. MichaeDate Firm's name Kraft & Company, PLLC	Check X PTIN if self-employed ₽00641279 Firm's EIN ► 62-1002003					
Preparer							
Use Only	Firm's address 🔊 114 29th Avenue South						
	Nashville, TN 37212 Phone no. (615) 244-399						
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)					

Form	rm 990 (2019) COUNCIL ON A	GING OF GREATER NAS	HVILLE	62-1867122	Page 2
Pa	art III Statement of Program Service A				<u> </u>
	Check if Schedule O contains a response o	note to any line in this Part III			
1	Briefly describe the organization's mission:				
	TO PROVIDE INFORMATION TO	THE GENERAL PUBLIC	REGARDING	RESOURCES	
	AVAILABLE TO THE AGING.				
2	5				
	prior Form 990 or 990-EZ?			Yes	s 🛛 No
	If "Yes," describe these new services on Schedule				V .
3	5	ignificant changes in how it conducts,	any program services	? Yes	s 🛛 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service acco	mplichments for each of its three large	t program convisoo	a managered by expansion	
4	Section 501(c)(3) and 501(c)(4) organizations are r				
	revenue, if any, for each program service reported		and anocations to oth	ers, the total expenses, a	unu
4a		. including grants of \$) (Rev	enue \$)
	TO PROVIDE INFORMATION TO	THE GENERAL PUBLIC	REGARDING		/
	AVAILABLE TO THE AGING.				
4b		instation much of 0) (5)
40	b (Code:) (Expenses \$	including grants of \$) (Rev	enue \$)
		`			
4c	(Contra) (European (instation much of 0) (5)
40	C (Code:) (Expenses \$	including grants of \$) (Rev	enue \$)
4.4	d Other program convises (Describe on Schodule C				
4d			(Revenue \$	١	
	(Expenses \$ including g)	
4e	N	468,897.			

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⊦orm	990	(2019)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 23
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Chack if Schedule O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		

019)						NASHVILLE
Statements R	egarding Otl	ner II	RS Filings	and	Tax Compl	iance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		х			
Ŀ	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>					
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch					
7	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10					
Ŭ	to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a	-					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
d	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
D	organization is licensed to issue qualified health plans						
c	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
-	excess parachute payment(s) during the year?	15		х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2019)

Form 990 (2019)

Part V

Form	990	(201	9)
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COUNCIL ON AGING OF GREATER NASHVILLE

Check if Schedule O contains a response or note to any line in this Part VI

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>GRACE SMITH - 615-353-4235</u>			
	95 WHITE BRIDGE ROAD, STE 250, NASHVILLE, TN 37205			

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Part VII Compensat	ion of Officers, Dire	ectors, Trustee	es, Key Emp	loyees, Highest Co	ompensated					
Employees,	Employees, and Independent Contractors									
Check if Sched	ule O contains a respons	e or note to any lin	e in this Part VII							
Section A. Officers, Dire	ctors, Trustees, Key Em	ployees, and High	nest Compensa	ated Employees						
1a Complete this table for	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
 List all of the organiza 	ation's current officers, d	irectors, trustees (v	whether individu	uals or organizations), reg	gardless of amount of compens	ation.				
Enter -0- in columns (D), (E),	and (F) if no compensati	on was paid.								
 List all of the organization 	ation's current key emplo	oyees, if any. See ir	nstructions for d	lefinition of "key employe	e."					
					e, or key employee) who receive nization and any related organi					

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or **trustee of the** organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) (C) (D) Average hours per week week (C) (D) Position (do not check more than one box, unless person is both an officer and a director/trustee) from				h an	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD GENTZLER PRESIDENT	20.00			x				0.	0.	0.
(2) MATT SHAW TREASURER	20.00			x				0.	0.	0.
(3) DEBRA GIBBS SECRETARY	20.00			X				0.	0.	0.
						•				
		-								

- 4 - 6 - 6

	N AGING	; O	F	GR	EA	TE	R	NASHVILLE	62-186	712:	2 р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable		Estimate	
	week			ss per Id a di				compensation from	compensation from related		amount other	
	(list any	ctor						the	organizations	со	mpensa	
	hours for	or dire	e			ated		organization	(W-2/1099-MISC)		from th	
	related organizations	ustee	truste		96	upensi		(W-2/1099-MISC)			rganizat and relat	
	below	Individual trustee or director	In stitutional trustee	-	ƙey employee	ist con Dyee	er				ganizati	
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former				<u> </u>	
										——		
										_		
										——		
4. 0.1.1.1								0.).		0.
1b Subtotal c Total from continuation sheets to Part VI								0.).		0.
d Total (add lines 1b and 1c)								0.).		0.
2 Total number of individuals (including but n					ove) wh	o re	ceived more than \$100,	1			
compensation from the organization												0
					7					_	Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s										. 3		X
4 For any individual listed on line 1a, is the su			-						-			x
and related organizations greater than \$150Did any person listed on line 1a receive or a										. 4		- 21
rendered to the organization? If "Yes." com										. 5		x
Section B. Independent Contractors						011						
1 Complete this table for your five highest co	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	6100,000 of comper	sation	from	
the organization. Report compensation for t	he cal enda r ye	ear e	ndin	ng wi	ith c	or wi	thin		ear.			
(A) Name and business	address	NC	ONE	7				(B) Description of s	services		(C) pensatio	n
		INC						20001101101101				
2 Total number of independent contractors (ot lie	aite	1+~ 1	ber		tod		are then			
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	JUIN	ntec	ιυτ	nos: 0		rea	above, who received m				

	n 990 (G OF GF	REATER NASE	IVILLE	62-1867	122 Page 9
Ра	rt VII						
		Check if Schedule O contains a response or no	ote to any line	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
s s	1 a	Federated campaigns 1a					
ant	b.						
Ū.	с	Fundraising events 1c					
àifts ar A	d	Related organizations 1d					
s, S	е	Government grants (contributions) 1e					
r Si	f	All other contributions, gifts, grants, and					
ibu			0,433.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f		420 422			
ŭ ŭ	h	Total. Add lines 1a-1f		430,433.			
			siness Code			-	
Program Service Revenue	2 a						
Serv	b c						
	d						
gra Re	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, a					
		other similar amounts)		1,151.	1,151.		
	4	Income from investment of tax-exempt bond proce	eeds 🕨 🕨				
	5	Royalties					
			i) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b Rental income or (loss) 6c					
	c d	Net rental income or (loss)					
			(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
venue	с	Gain or (loss) 7c					
Re		Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not					
õ		including \$ of					
		contributions reported on line 1c). See Part IV. line 18 8a 6	7,145.				
	b		0,071.				
	c	Net income or (loss) from fundraising events		7,074.			7,074.
		Gross income from gaming activities. See		, -			
		Part IV, line 19					
	b						
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	с	Net income or (loss) from sales of inventory	siness Code				
sņ	11 a	ANNUAL MEETING INCOME	Silless Oue	4,200.	4,200.		
Miscellaneous Revenue	b			1,200.	1,200.		
ellaneo evenue	c						
lisc	d	All other revenue					
2	е	Total. Add lines 11a-11d		4,200.			
	12	Total revenue. See instructions	►	442,858.	5,351.	0.	7,074.

Form 990 (2019)

0000	on son (c)(s) and son (c)(4) organizations must comp				
	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				>
5	trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	179,345.	179,345.		
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,173.	20,173.		
10	Payroll taxes	14,765.	14,765.		
11	Fees for services (nonemployees):	11//001	11//051		
	Management	55,626.	55,626.		
		55,020.	55,020.		
	Legal Accounting	6,000.	6,000.		
	Lobbying	0,0001	0,000.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	34,343.	34,343.		
17	Travel	1,510.	1,510.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,883.	1,883.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING, PUBLICATIONS	71,755.	71,755.		
b	MARKETING	54,613.	54,613.		
с	WEBSITE	11,425.	11,425.		
d	OTHER MEETING/EVENT EXP	5,119.	5,119.		
е	All other expenses	12,340.	12,340.		
25	Total functional expenses. Add lines 1 through 24e	468,897.	468,897.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

COUNCIL ON AGING OF GREATER NASHVILLE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

COUNCIL	ON	AGING	\mathbf{OF}	GREATER	NASHVI

ILLE 62-1867122 Page 11

		Check if Schedule O contains a response or no	te to an	y line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			29,369.	1	133,022.				
	2	Savings and temporary cash investments			147,457.	2	39,953.				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net		3,280.	4	28,990.					
	5	Loans and other receivables from any current o									
		trustee, key employee, creator or founder, subs									
		controlled entity or family member of any of the	se pers	ons		5					
	6	Loans and other receivables from other disqual	ified per	sons (as defined							
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6					
Ś	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use		8	~						
As	9	B			2,840.	9	2,840.				
	10a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D		6,804.							
	b	Less: accumulated depreciation	10b	6,804.	0.	10c	0.				
	11	Investments - publicly traded securities			11						
	12	Investments - other securities. See Part IV, line		12							
	13	Investments - program-related. See Part IV, line		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11			2,840.	15					
	16	Total assets. Add lines 1 through 15 (must equ			185,786.	16					
	17	Accounts payable and accrued expenses			20,138.	17	6,786.				
	18	Grants payable				18	60.000				
	19	Deferred revenue				19	60,000.				
	20	Tax-exempt bond liabilities			20						
	21	Escrow or custodial account liability. Complete				21					
es	22	Loans and other payables to any current or form									
iliti		trustee, key employee, creator or founder, subs									
Liabilities		controlled entity or family member of any of the				22					
_	23	Secured mortgages and notes payable to unrela				23					
	24	Unsecured notes and loans payable to unrelate				24					
	25	Other liabilities (including federal income tax, pa									
		parties, and other liabilities not included on line	s 1 <i>1-</i> 24)	. Complete Part X	0	05	1,250.				
	00	of Schedule D			0.20,138.	25	68,036.				
	26	Total liabilities. Add lines 17 through 25	_		20,130.	26	00,030.				
ŝ		Organizations that follow FASB ASC 958, che	eck ner								
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			165,648.	27	139,609.				
ala	28	Net assets with donor restrictions			105,040.	28	100,000.				
ЦЩ	20	Organizations that do not follow FASB ASC 9				20					
Fun		and complete lines 29 through 33.	, 00, 010								
ŗ	29	Capital stock or trust principal, or current funds				29					
ets	30	Paid-in or capital surplus, or land, building, or en				30					
Ass	31	Retained earnings, endowment, accumulated in				31					
Net Assets or Fund Balances	32	Total net assets or fund balances			165,648.	32	139,609.				
Z	33	Total liabilities and net assets/fund balances			185,786.	33	207,645.				

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Form	000	10010
FOILI	990	(2018

Form	1 990 (2019) COUNCIL ON AGING OF GREATER NASHVILLE	62-1867	122	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	442		
2	Total expenses (must equal Part IX, column (A), line 25)	2	468		
3	Revenue less expenses. Subtract line 2 from line 1	3	-26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	165	5,6	<u>48.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 2 0		~ ~
Do	column (B))	10	139	,6	09.
Fa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C		2a	Х	
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or		Za		
	separate basis, consolidated basis, or both:	ла			
	X Separate basis Consolidated basis, of both.				
h	Were the organization's financial statements audited by an independent accountant?		2b		х
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	54515,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 ((2019)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service					Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Pub Inspection			
Nam	e of t	he organizati	on							r identification nu			
					NG OF GREATE					2-1867122)		
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	6.				
The	organi	ization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).					
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).					
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's nar	ne,		
		city, and stat	e:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general	public described i	n		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-				-			
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed i n co nju	inction with a	land-grant	college			
		or university	or a non-land-o	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or			
		university:							Ū.				
10		An organizati	on that norma	Illy receives: (1) more	than 33 1/3% of its sup	oort fr om o	contributio	ns, me mbers	hip fees, ar	nd gross receipts f	rom		
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1 /3% of i	ts support	from gross investr	nent		
				-	(less section 511 tax) fro					-			
				mplete Part III.)			-						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).					
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one of	or		
					ed in section 509(a)(1) o								
					f supporting organization								
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving			
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the si	upporting			
				complete Part IV, Se									
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it:	s supporte	ed organizatio	n(s), by hav	ving			
		control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported			
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,			
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.					
d] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organi	zation(s)			
					zation generally must sat								
		requiremer	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number	of supported of	organizations									
g				n about the supporte									
	(i	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of o			
		organizatior	1		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instru	ctions)		
Tota	1												

Schedule A (Form 990 or 990-EZ) 2019 COUNCIL ON AGING OF GREATER NASHVILLE 62-1867122 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract time 5 from line 4. 258, 659. 326, 854. 4683. 197. 36 organization without each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract time 5 from line 4. 258, 659. 326, 854. 4683. 197. 36 organization without each person (other than a governments received on securities loans, rents, royalites, and income from interest, dividends, payments received on governments received on governments received on governments received on governments and received on the business is regularly carried on the business activities, whether or not the business is regularly carried on the select or capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 46, 7.226 13 First five years. If the Form 990 is for the organization's first, second, third,	Sec	tion A. Public Support								
memorship fees received. (Do not include any 'unusual grants.') 258,659.326,854.468,197.360,880.430,433.1845023 2 Tax revenues levied for the organization ization's benefit and either paid to or expended on its behalf 258,659.326,854.468,197.360,880.430,433.1845023 3 The value of services or facilities furnished by a governmental unit to mergended on its behalf 258,659.326,854.468,197.360,880.430,433.1845023 4 Total. Add lines 1 through 3 258,659.326,854.468,197.360,880.430,433.1845023 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1845023 2 Edindar year (or fical year beginning in) ► 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 258,659.326,854.468,197.360,880.430,433.1845023 8 Gross income from interest, dividends, payments received on securities, whether or not the business is regularly carried on to loss from the sale of capital assets (Explain in Part VI) 28.659.326,854.468,197.360,880.430,433.1845023 9 Net income from interest, dividends, payments received on securities, whether or not the business activities, whether or not the copatial assets (Explain in Part VI) 12 46,726 11 Total support. How prom 900 is for the organization steps 12 46,726 26 Tost secopits me related vities, etc. (see instructions) 12 46,726	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
include any *unusal grants.*) 258,659. 326,854. 468,197. 360,880. 430,433. 1845023 2 Tax revenues levied for the organization without charge	1	Gifts, grants, contributions, and								
2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 11, column (f) 258,659.326,854.468,197.360.880.430,433.1845023 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 11, column (f) 258,659.326,854.468,197.360.880.430,433.1845023 Section B. Total Support Section B. Total Support Glendar year (or fiscal year beginning in) > 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources in the subsiness is regularly carried on the subsiness is regularly carr		membership fees received. (Do not								
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11 Total support. Add lines 7 through 10 1848163 12 Gross receipts from related activities, etc. (see instructions) 12 46,726 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 99.83 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 99.85 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		or loss from the sale of capital	· · · · · · · · · · · · · · · · · · ·							
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stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>99.85</u> %		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	16a									
and stop here. The organization qualifies as a publicly supported organization	b									
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a									
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization				
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is [.]	10% or		
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 COUNCIL ON AGING OF GREATER NASHVILLE 62-1867122 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	•						
3	Gross receipts from activities that are not an unrelated trade or bus-				_		
	iness under section 513						
4	9						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
					(
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3) organiz	ation,
0							
	ction C. Computation of Publi					I I	
15	Public support percentage for 2019 (li	ne 8, column (f), d	ivided by line 13, o	olumn (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n				3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2018. If the						and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
20	i mate roundation. Il the organizatio	IT GIU HOL CHECK à I	557 OF INE 14, 196	a, or roo, check th	13 DUN ALIU SEE IIIS		·····

Schedule A (Form 990 or 990 EZ) 2019 COUNCIL ON AGING OF GREATER NASHVILLE 62-1867122 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? / "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990 EZ) 2019 COUNCIL ON AGING OF GREATER NASHVILLE 62-1867122 Page 5 Part IV Supporting Organizations (continued) 62-1867122 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932026	5 09-25-19 Schedule A (Form 9	90 or 90	0-F7)	2019

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 COUNCIL ON AGING OF GREA			2-1867122 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust on	Nov. 20, 1970 (explain in Pa	art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		·
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to]		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegrat	ted Type III supporting orgar	ization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 COUNCIL ON AGING OF GREATER NASHVILLE 62-1867122 Page 7

Par	TV Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		r r	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 o	or 990-E	Z) 2019	COUN	ICIL	ON	AGING	OF	GREATER	NASHVILLE	62-1867122	Page 8
Part VI	Suppler Part IV, Se line 1; Par	nental ection A, t IV, Sec	lines 1, tion D, l	nation 2, 3b, 3d lines 2 ar	 Provid , 4b, 40 , 4b, 70 , 4b, 70 	de the c, 5a, irt IV, s	explanatior 6, 9a, 9b, 9 Section E, li	ns requ c, 11a, nes 1c	uired by Part II, I , 11b, and 11c; I ;, 2a, 2b, 3a, and	ine 10; Part II, line 17a Part IV, Section B, line d 3b; Part V, line 1; Pa	or 17b; Part III, line 12; s 1 and 2; Part IV, Sectior rt V, Section B, line 1e; Pa	n C,
	Section D, (See instru	, lines 5,	6, and 8	8; and Pa	art V, Se	ection	E, lines 2, 5	, and (6. Also complete	e this part for any add	tional information.	
									\frown			
						7						

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

COUNCIL ON AGING OF GREATER NASHVILLE

Employer identification number 62-1867122

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
~		a patief, the new increases of contine 170/	
8	Does each conservation easement reported on line 2(d) abov		
~	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	iote to the organization's inhancial statem	ents that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			•
2	If the organization received or held works of art, historical treater		
_	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	• •
	Assets included in Form 990, Part X		
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Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         3       Using the organization accession, and other records, check any of the following that make significant use of its continued.         a       Deplote exhibition       d       Loan or exchange program         b       Discrete exhibition       d       Loan or exchange program         c       Provide acciption of their egenerations       d       Loan or exchange program         b       Discrete exhibition       d       Loan or exchange program         c       Provide acciption of the organization solicitor receive donations of art, historical treasures, or other similar assets       to be solicitor or pairs during article and control from 900, Part X, line 21.         Testore and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 900, Part X, line 21.       Yes, 'explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d			ON AGING (					1867122	
collection lores (chock all that apply): <ul> <li>Collection lores (chock all that apply):</li> <li>Scholarly research</li> <li>Collection lores (chock all that apply):</li> <li>Collection (chock and all that collection (chock and all the chock and the chock apply):</li> <li>Collection (chock and all the chock and the chock apply):</li> <li>Collection (chock and all the chock and that apply):</li> <li>Collection (chock and the chock and the</li></ul>	Par	TIII Organizations Maintaining Co	llections of Ar	t, Historical Tre	easures, o	r Othe	r Similar As	sets _{(continu}	ed)
a       Public schbiblion       d       Lcan or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	t make s	ignificant use o	f its	
b       Scholary research       e       Other         c       Prevention for future generations       e       Other         2       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets         2       Detroid to raise funds rather than to be maintained as part of the organization answered 'Ves' on Form 980, Part X/, line 9, or reported an anount on Form 980, Art X, line 21, lone science or custodial account list organization include an angenet in Part XIII and complete the following table:		collection items (check all that apply):							
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets         to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Excrement All States       Yes       No         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII Check here (It the explanation has been provided on Part XIII       Pert V       Information         Cost in organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization maswee? Yes' on Form 990, Part XIII       Pert Ves       No         1a Beginning of year balance       (a) Drive year       (b) Provears bak (d) Three years bak       (e) Four years bak	а	Public exhibition	d	Loan or exe	change progra	am			
Provide a description of the organization's collections and explain how they furthe the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maritained as part of the organization answered "Yes" on Form 980, Part X, line 9, or     reported an amount on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X, line 21.     Is the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 10.     If the organization include and the organization include	b	Scholarly research	е	Other					
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 9, or     reported an amount on Form 980, Part X ine 21.     If a is the organization angement in Part XIII and complete the following table:	с	Preservation for future generations							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 9, or     reported an amount on Form 980, Part X ine 21.     If a is the organization angement in Part XIII and complete the following table:	4	Provide a description of the organization's coll	ections and explair	how they further t	he organizatio	on's exer	npt purpose in	Part XIII.	
tops rold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part W, line 10.       Is the organization include an amount on Form 990, Part X, line 21.         In the organization of part balance       Is theorescreatescon lines control theorescreate or other con	5								
Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrow or custodial account tablify?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII and complete the organization answered "Yes" on Form 980, Part X, line 21, for escrow or custodial account tablify?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation table account tablify?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation table account tablify?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation table account tablify?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII.       Check the arrangement in Part XIII.       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII.       Check the arrange explanation as super table.       If 'Arran Yes' 's is is is a contain tas the organization answered 'Yes' on Form 980, Part X,								Yes	No
reported an amount on Form 990, Part X, line 21.         1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?       Ives       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ives       No         c       Beginning balance       1d       Id       Id       Id         d       Additions during the year       1d       Id       Id       Id         e       Distributions during the year       1d       Id       Id <th>Par</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par								
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       10         d       Additions during the year       10         d       Did thoroganization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         fa       Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (e) Four years back ieit (c) Four years				0				, ,	
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       10         d       Additions during the year       10         d       Did thoroganization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         fa       Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (e) Four years back ieit (c) Four years	1a	Is the organization an agent, trustee, custodia	n or other intermedi	arv for contributior	ns or other as	sets not	included		
b       If Yes," explain the arrangement in Part XIII and complete the following table:								Yes	No
Beginning balance     Additions during the year     Additions during the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?     Yes     No     b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V     Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII     Administrative expenditures for facilities     ad programs     Administrative expenses     Administra	b								
c       Beginning balance       1c         d       Additions during the year       1e         Distributions during the year       1e         2a       Distributions during the year       1e         1       Ending balance       1f       1e         2a       Distributions during the year       1e       1f         2a       Distributions during the year       1f       1e         2a       Distributions during the year       1f       1e         b       fr 'Yes', replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       1e         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       1e         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back (d) Three years back (e) Four years back four scholarships         1b       Administrative expenses       (b) Current year on balance (line 1g, column (a)) held as:       1e         2       Provide the estinated percentage of the curr				lowing table.				Amount	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?       Ves       No         Dif 'Ves, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back       (f) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         9 End of year balance       (f) Three yeard three stor facilities       (f) Three yeard three store fractilities       (f) Three yeard three store fractilities       (f) Three yeard three store fractilities         and programs       (f) designated or quasi-endowment }       (f) addition for the current year end balance (line 19, column (a) held as:       (h) held as:         Board designated or quasi-endowment }       (f) four years back       (h) held as:       (h) held as:         Board designated or quasi-endowment }	c	Reginning balance					10	7 thound	
e       Distributions during the year       Id         f       Ending balance       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Notifies       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Notifies       (d) Current year       (e) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (f) Two years back       (f) Three years back									
f Ending balance									
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Cher expenditures for facilities       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a <t< th=""><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	-								
b       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Two years back       (e) Four years back         f       Administrative expenses       (f) Administrative expenses       (f) Four year end balance       (f) Four year end balance       fourment year end balance       fourment ye							······	Ves	No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years		0							
a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions							10		
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs								hack (a) Four y	ears hack
b       Contributions	1a	Beginning of year balance			(0) 110 you	10 Duok			ouro buon
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs									
d Grants or scholarships									
e       Other expenditures for facilities and programs	с А								
and programs   f   Administrative expenses   g   End of year balance   2   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a   Board designated or quasi-endowment ▶  %   b   Permanent endowment ▶  %   c   Term endowment ▶  %   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Perrowing and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (c) Accumulated (d) Book value c Leasehold improvements (d) Equipment 6, 804. 6, 804. 0.									
f       Administrative expenses         g       End of year balance         2       Provide the estimated percentage of the current year end balance (line 1g, cplumn (a)) held as:         a       Board designated or quasi-endowment        %      %         b       Permanent endowment        %      %         c       Term endowment        %      %         a       Percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations isted as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b       buildings         c       Leasehold improvements         d       Land         b       Buildings         c       Leasehold im	е				Y				
g End of year balance		F F							
2       Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       A re there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         basis (investment)       basis (other)         depreciation       depreciation         1a       Land         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other									
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Description of property       Is a required on Schedule R?         d Description of property       (a) Cost or other basis (other)         d Description of property       (a) Cost or other basis (other)         d Description of property       (a) Cost or other basis (other)         d Description of property       (a) Cost or other basis (other)         d Description of property       (a) Cost or other basis (other)         d Equipment				//:					
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)               b Buildings <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cost or other</li> <li>(f) Rot</li>					a)) held as:				
c       Term endowment       >       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       Unrelated organizations       (ii)         (i)       Unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.       3b       3c       3c       3c       3c <th></th> <th></th> <th></th> <th>_%</th> <th></th> <th></th> <th></th> <th></th> <th></th>				_%					
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <li> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Cher</li> <li>(f) Book value</li> <li>(h) Cost or other for the cost of the cost or the co</li></ul></li>			_						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)	с								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cher (c) 804. (c)									
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b       Buildings       5       5       5         c       Leasehold improvements       5       5       5         d       Equipment       6,804.       6,804.       0.	3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	ind administer	red for th	ne organization	5	
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land									es No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land									
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (b) Cost or other basis (other)         c Leasehold improvements       (c) Accumulated depreciation         d Equipment       (c) Asold (c) Aso		(ii) Related organizations						3a(ii)	
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b							3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	<u> </u>			wment funds.					
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par								
Image: Description     Description       1a Land     basis (investment)     basis (other)       b Buildings     c       c Leasehold improvements     c       d Equipment     c       e Other     6,804.								1	
b Buildings		Description of property		• • •		• • •		(d) Book	value
b Buildings	1a	Land							
c Leasehold improvements									
d Equipment         6,804.         6,804.         0.									
e Other									
					6,804.		6,804.		0.
				X. column (B). line :	10c.)				0.

Schedule D (Form 990) 2019

Schedule D	) (Form 990) 2019	COUNCIL ON	AGING	OF GREA	ATER	NASHVILLE	62-	1867122	Page 3
Part VII		Other Securities.							
	Complete if the org	anization answered "Yes"	on Form 9	90, Part IV, line	e 11b. S	See Form 990, Part X, lin	e 12.		
(a) Descrip		JOTY (including name of security)	1	Book value	_	c) Method of valuation:		of-year market v	alue
(1) Financi	al derivatives								
(2) Closely									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
		), Part X, col. (B) line 12.) 🕨							
Part VIII	Investments -	Program Related.							
		anization answered "Yes"							
	(a) Description of	investment	(b) E	Book value	(	c) Method of valuation: (	Cost or end-	of-year market v	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		), Part X, col. (B) line 13.) 🕨							
Part IX	Other Assets.								
	Complete if the org	anization answered "Yes"			e 11d. S	See Form 990, Part X, lin	e 15.	() = .	
		(a)	Descriptio	'n				<b>(b)</b> Book va	alue
(1)					2				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)				, 					
(8)									
(9)									
Total. (Colu Part X	<u>umn (b) must equal Fo</u> Other Liabilitie	orm 990, Part X, col. (B) lin	<u>e 15.)</u>						
FailA						111 Oct France 000 Dea			
		anization answered "Yes" escription of liability	on Form 9	90, Part IV, line	e 11e o	r 11f. See Form 990, Par	τ X, line 25.	(b) Book va	
<u>1.</u>	,								alue
	deral income taxes		mony					1	250
	ипе цепр г	OR 2020 DIREC	IORI					<b>T</b>	,250.
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9) Tatal (5.1								1	250
		orm 990, Part X, col. (B) lin			<u></u>		······ <b>P</b>		,250.
2. Liability	/ for uncertain tax pos	sitions. In Part XIII, provide	e the text o	t the toothote t	to the o	rganization's financial sta	atements that	at reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2019 COUNCIL ON AGING OF GREATER	NASHVILLE	62-1867122 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per l	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		4
b	Prior year adjustments	2b	4
С	Other losses		-
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Complete to provide information for respons Form 990 or 990-EZ or to provide any a Attach to Form 990 or Go to www.irs.gov/Form990 for the	es to specific questions on dditional information. 990-EZ.	2019 Open to Public Inspection
Name of the organization	COUNCIL ON AGING OF GREATER	R NASHVILLE	Employer identification number 62-1867122
Form 990, Part	VI, Section B, line 11b:		
REVIEW OF 990 A	T BOARD MEETING.		
Form 990, Part	VI, Section B, Line 12c:		
ORGANIZATION RE	GULARLY MONITORS AND ENFORCE	S THE COMPLIANC	E OF THE CONFLICT
OF INTEREST POI	ICY.		
Form 990, Part	VI, Section C, Line 19:		
UPON REQUEST			

#### 2019 DEPRECIATION AND AMORTIZATION REPORT

#### 990 Pa e 10

Form 99	90 Page 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
1	EQUIPMENT	01/01/07	200DB	5.00	HY	17	6,804.				6,804.	6,804.		0.	6,804.
	* 990 Page 10 Total Program S														
	* 990 Page 10 Total Program S						6,804.				6,804.	6,804.		0.	6,804.
	* Grand Total 990 Page 10 Dep														
	* Grand Total 990 Page 10 Dep	pr					6,804.				6,804.	6,804.		0.	6,804.
028111.0/	1														

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	a separate	application	for	each return.	

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	axpayer identification number (TIN)									
print	COUNCIL ON AGING OF GREATER	62-1867122									
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.       95       WHITE BRIDGE ROAD, No. 250										
return. See instructions.	urn. see										
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1					
Applicati	on	Return	Application			Return					
Is For		Code	Is For		Code						
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07						
Form 990	-BL	02	Form 1041-A			08					
Form 472	0 (individual)	03	Form 4720 (other than individual)		09						
Form 990	-PF	04	Form 5227			10					
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990	-T (trust other than above) GRACE SMITH	06	Form 8870			12					
Teleph ● If the c ● If this i box ▶ [ 1 I rea the ▶ [ ▶ [	books are in the care of $\blacktriangleright$ 95 WHITE BRIDGE ione No. $\blacktriangleright$ 615-353-4235 organization does not have an office or place of business s for a Group Return, enter the organization's four digit C . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization return year 2019 tax year beginning tax year entered in line 1 is for less than 12 months, ch Change in accounting period	in the Uni Group Exe and atta Nover anization's	Fax No. ► ted States, check this box mption Number (GEN) If th ch a list with the names and TINs of all nber 16, 2020 , to file the return for: d ending	is is fo membe	r the whole group, ers the extension i npt organization re	s for.					
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	3a	\$	0.							
	his application is for Forms 990-PF, 990-T, 4720, or 6069		Ψ								
	mated tax payments made. Include any prior year overpa	3b	\$	0.							
	ance due. Subtract line 3b from line 3a. Include your pa		- <del>*</del>								
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.					
	If you are going to make an electronic funds withdrawal			1	d Form 8879-EO f						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)